RANDOLPH COMMUNITY COLLEGE | OFFICE OF FINANCIAL ASSISTANCE

2027-2028 Cost of Attendance Adjustment Request

This form must be completed and returned in order for you to have financial aid applied to your account and, if applicable, receive a refund check.

Student Information

Name: _____
Last First Middle Maiden

Current Mailing Address: _____

_____
City State Zip

(Required) Social Security No**:** _____/____/_____ Date of Birth: ____/____/_____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Your Cost of Attendance (COA) can only reflect the cost for you, the student, to attend RCC and is not intended to reflect all of your non-educational living expenses. Please provide a written explanation of the circumstances that may necessitate an adjustment to your COA. Please be aware that the information you provide may result in an increase or no adjustment to your COA.

Check the box corresponding to the reason you are requesting a COA adjustment and provide the requested information and documentation for the expenses listed.

☐ ***Childcare Cost Increase***

Total cost of childcare per semester $_____

Provide copy of daycare contract/agreement (additional documentation may be required)

If you are requesting an increase in your COA due only to childcare costs, then proceed to the signature box on Page 2 and sign your name below the statement before submitting this form to the Office of Financial Assistance and Engagement.

☐ ***Computer Expenses***

These expenses may or may not increase your award, depending on your financial aid eligibility. This adjustment is limited to a one-time addition to your Cost of Attendance.

Total cost of computer including monitor, hard drive, and printer $_____

Provide copy of receipt that identifies the student as the purchaser of the computer.

If you are requesting an increase in your COA due only to computer costs, then proceed to the signature box on Page 2 and sign your name below the statement before submitting this form to the Office of Financial Assistance and Engagement.

☐ ***Complete COA Review***

If you are requesting a complete review of your COA, fill in sections 1 through 4 and provide all requested documentation.

Please note that a COA adjustment is based in part on your dependency status, and that not all of the information you provide below may be applicable in calculating a revised COA.

1. RCC Direct Expenses

• Residency Status	☐ In State	☐ Out of State
• Number of credit hours	Fall _____	Spring _____
• Actual/projected cost of books and supplies	Fall $ _____	Spring $ _____

2. Room and Board Expenses

☐ With Parent/Relative
☐ In personal residence
Total rent per month $ _____ Provide copy of lease agreement (mortgage payments do not apply)
Total utilities per month $ _____ Provide copies of three months of utility bills
Total cost of groceries per month $ _____ Provide copies of three months of grocery receipts

3. Miscellaneous Expenses

Other (explain):
_____ Total cost per month $ _____
_____ Total cost per month $ _____
Total $ _____

4. Transportation Expenses

☐ Resident with local permanent residence
Total round-trip mileage between RCC and your local permanent residence $_____
Address_____
Street City State Zip Code
☐ Resident with non-local permanent residence
Total cost of round-trip travel between your local address and your permanent address $_____
Total number of miles one-way from your local address to your permanent address _____
Permanent residence: City_____ State _____ Zip code _____

I certify that the information provided is accurate and agree to provide additional information if it is requested. I understand that this information may be used to override federal regulations. I understand that if I purposely give false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to $20,000, sent to prison, or both.

_____ _____
Student Signature **Date**

For Office Use Only:
☐ APPROVED
☐ DENIED
Comments:_____
_____
_____

Signature: _____ Date: _____